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**TERMINAL DISCLAIMER TO OBVIATE A DOUBLE
PATENTING REJECTION OVER A PRIOR PATENT**

Docket No. A0420/7017P1

Applicant: John C. Pulford and Marco Pelosi
Serial No: 10/828,538
Filed: April 20, 2004
For: ABDOMINAL RETRCTOR
Examiner: David C. Comstock
Art Unit: 3732

The owner, Apple Medical Corporation, of a 100% interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. §154 to §156 and §173, as presently shortened by any terminal disclaimer, of prior Patent No. 6,723,044. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. §154 to §156 and §173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that it later: expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 C.F.R. §1.321, has all claims cancelled by a reexamination certificate, is reissued, or is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

For submissions on behalf of an organization (e.g. corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

The undersigned is an attorney of record.

Respectfully submitted,

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Date: November 10, 2005

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/183538

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS		39	
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	29 minus 20 =	9	
INDEPENDENT CLAIMS	16 minus 3 =	3	
MULTIPLE DEPENDENT CLAIM PRESEN			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

11/14/05 CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 17	Minus	** 29 =
	Independent	* 14	Minus	*** 10 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	FEES
BASIC FEE	OR BASIC FEE 740.00
X\$ 9=	OR X\$18=
X42=	OR X84=
+140=	OR +280=
TOTAL	OR TOTAL

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 9=	OR X\$18=
X42=	OR X84=
+140=	OR +280=
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	** =	
	Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	OR X\$18=	X\$ 9=	OR X\$18=
X42=	OR X84=	X42=	OR X84=
+140=	OR +280=	+140=	OR +280=
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE	TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	** =	
	Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	OR X\$18=	X\$ 9=	OR X\$18=
X42=	OR X84=	X42=	OR X84=
+140=	OR +280=	+140=	OR +280=
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE	TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.